

09/336611

FORM	DATE	TIME	PLACE
NAME			
DATE			
TOTAL			
INDEPENDENT			
DEPENDENT			
MULTIPLE DEPENDENT + INDEPENDENT			

	395

NAME	790
AGE	
SEX	
DOB	
MOB	
DOB	

* In the absence of evidence to the contrary, the "best" modulation is assumed.

CLAIMS AS AMENDED - 1 A.S. 1

• Interests :-

Notes:

2000 年 12 月 15 日

OTHER THAN
SMALL ENTERPRISES

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT ENTERA
	Total (37 CFR 1.156(c))	* 41	Minus	** 44	
Independent (37 CFR 1.156(b))	* 6	Minus	*** 8		

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

RATE	ADDITIONAL FEE
x \$ <u>9</u> =	
x <u>44</u> =	
= <u>150</u>	
TOTAL	

DATE	AMOUNT	ADDI- TIONAL FEES
18		
88		
350		
TOTAL		

columns 1)

• **•••••**

2007 2007

ADDIN FILE

AMENDMENT B	Column 1		Column 2		PRESENT EXTRA
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		
Total (37 CFR 1.106(c))	*	Minus	**	1	
Independent (37 CFR 1.160(b))	*	Minus	***	1	

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

(37 CFR 1.160(d))

	ADDI TIONAL FEE
RATE	
9	
44	
150	
TOTAL	
ADDI TIONAL FEE	

RATE	ADDITIONAL FEE
18	
88	
300	
TOTAL	
ADDITIONAL FEE	

Column 1:

1. *Introduction*

• **1990-1991**

ADDITIONAL FEE:

APPENDIX

AMENDMENT C	Column 1	Column 2	Column 3	Column 4	Column 5
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA
Total (37 CFR 1.16(c))	*	Minus	**		
Independent (37 CFR 1.16(b))	*	Minus	***		

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(c))

DATE	ADDITIONAL FEE
9	
44	
150	
TOTAL ADDITIONAL FEE	

	ADDI
RATE	TIONAL
	FEE
10	
88	
300	
TOTAL	
ADDIT FEE	

- * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 100,000, enter the number in the appropriate box in column 1.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number paid for a similar assignment by the individual on this

Burden Hour Statement. This form is estimated to take 6 hours to complete. Time spent completing this form goes toward the needs of the individual on this

Any comments on the amount of time you are required to complete this form should be sent to the Federal Bureau of Investigation, U.S. Patent and Trademark

Office, Washington, DC 20534. DO NOT SEND COMMENTS ON THIS FORM TO THE ASSISTANT COMMISSIONER FOR

PATENTS, U.S. Patent and Trademark Office, Washington, DC 20534.

Best Available Copy